



...rising above the service you expect

Family Planning Services Rider

to the

Certificate of Coverage

Between ADVANTAGE HEALTH SOLUTIONS, Inc. (ADVANTAGE)

and Group

The effective date of this rider is: As shown on Member Welcome Letter

The Group Service Agreement & Certificate of Coverage is amended as follows. If there is any conflict between the Certificate of Coverage and this rider, the rider shall control.

Ethical and Religious Directives: ADVANTAGE Health Solutions, Inc. (ADVANTAGE) is an institution operated in accordance with The Ethical and Religious Directives for Catholic Health Care Services, as approved by the National Conference of Catholic Bishops. ADVANTAGE shall not be required to provide, and no provision of a Policy shall be construed so as to require it to provide, services that are inconsistent with the medical ethics or precepts of the Catholic Church.

Family Planning Services means:

1. birth control drugs that require a prescription;
2. birth control devices that require a prescription;
3. voluntary sterilization; and
4. diagnostic testing and counseling for infertility.

FAMILY PLANNING SERVICES

ADVANTAGE is owned by Catholic organizations. Because of this, ADVANTAGE cannot provide services that are not in accord with the Ethical and Religious Directives. Coverage for Family Planning Services will be provided through a 100% reinsurance arrangement. Claims will be administered by a contracted third party administrator.

20% Copay up to \$2,500 lifetime maximum for all Family Planning Services except for Prescription Drugs for birth control. Prescription drugs for birth control are excluded from the

lifetime maximum. The applicable copayment or coinsurance for Prescription Drugs for birth control is equal to the amount of the outpatient prescription drug copayment or coinsurance stated in the Application to the Certificate of Coverage if Member is entitled to Pharmacy benefits.

EXCLUSIONS

1. Abortion, except when the life of the mother would be endangered if the fetus were carried to term.
2. Birth control drugs or devices that do not require a prescription For example:
 - a. condoms; and
 - b. foams, jellies, or creams used to kill sperm.
3. Cryopreservation of ova, sperm, or fertilized eggs.
4. Oral and injectable drugs which are used primarily for the purpose of treating infertility. (For example, Clomid, Metrodin, and Pergonal.)
5. Any procedure which involves destroying human embryos.
6. Artificial insemination, except by the Covered Person's spouse.
7. Gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), or in-vitro or in-vivo fertilization.
8. Use of a surrogate for any reason.
9. Treatment for infertility.
10. Oral drugs for the treatment of impotence.